

6.4 - 1

The following table provides information on 100% and 200% Federal Poverty Levels (FPL) based on family size and income for use in making a CCS program fee assessment determination. **Please note: All applicable fees are per family, not per eligible child.**

6.4

TABLE I - FAMILY SIZE AND ANNUAL INCOME LEVEL CHART

(EFFECTIVE APRIL 1, 2007)

Family Size	100% OF FPL If the State AGI of the family is more than this amount a \$20 fee must be paid	200% OF FPL If the federal total gross income of the family is less than this amount there is no enrollment fee, but referral to Medi-Cal* should be considered
1	\$10,210	\$ 20,420
2	13,690	27,380
3	17,170	34,340
4	20,650	41,300
5	24,130	48,260
6	27,610	55,220
7	31,090	62,180
8	34,570	69,140
9	38,050	76,100
10	41,530	83,060
More than 10	\$3,480 per add'l member	\$6,960 per add'l member

* Medi-Cal eligibility is based on program linkage, family income and assets. A child can always be eligible if otherwise the family is residentially and financially eligible. CCS offices must refer a child to Medi-Cal if they are eligible based on income or there is program linkage that is medically related. Medical indicators that should be considered when reviewing a case is whether the child is disabled, or may qualify for presumptive disability, receives or requires dialysis or total parenteral nutrition, and/or is in a hospital for at least 30 days or is expected to stay there for more than 30 days.

** Please refer to the sliding fee scale to determine the appropriate enrollment fee the CCS family must pay.

**California Children Services
Annual Enrollment Fee Schedule (2007)**

Gross Income	1 or 2	3	4	5	6 or more
\$0– 24,999	0	0	0	0	0
\$25,000-29,999	0	0	0	0	0
\$30,000-34,999	60	0	0	0	0
\$35,000-39,999	120	60	0	0	0
\$40,000-44,999	180	120	60	0	0
\$45,000-49,999	240	180	120	0	0
\$50,000-54,999	360	300	240	180	0
\$55,000-59,999	480	420	360	300	240
\$60,000-64,999	600	540	480	420	360
\$65,000-69,999	720	660	600	540	480
\$70,000-74,999	840	780	720	660	600
\$75,000-79,999	960	900	840	780	720
\$80,000-84,999	1,080	1,020	960	900	840
\$85,000-89,999	1,200	1,140	1,080	1,020	960
\$90,000-94,999	1,320	1,260	1,200	1,140	1,080
\$95,000-99,999	1,440	1,380	1,320	1,260	1,200

For incomes over \$99,999, for each subsequent income increment of \$5,000, increase the above fees by \$120.00.

MEDI-CAL 2007 FEDERAL POVERTY LEVEL CHART										Effective 4/1/2007			
Persons	Monthly MMNL(\$)	MMNL as % of FPL	100% (\$) Monthly	Annual (\$) 100% FPL	120% Monthly(\$)	133% Monthly(\$)	185% Monthly(\$)	200% Monthly(\$)	250% Monthly(\$)				
1	600	71	851	10210	1021	1132	1575	1702	2128				
2	750	66	1141	13690	1369	1518	2111	2282	2853				
2 Adults	934	82	1141	13690	1369	1518	2111	2282	2853				
3	934	66	1431	17170	1717	1903	2648	2862	3578				
4	1100	64	1721	20650	2065	2289	3184	3442	4303				
5	1259	63	2011	24130	2413	2675	3721	4022	5028				
6	1417	62	2301	27610	2761	3061	4257	4602	5753				
7	1550	60	2591	31090	3109	3446	4794	5182	6478				
8	1692	59	2881	34570	3457	3832	5330	5762	7203				
9	1825	58	3171	38050	3805	4218	5867	6342	7928				
10	1959	57	3461	41530	4153	4603	6403	6922	8653				
For each additional member add:	14		290	3480	348	386	537	580	725				

\$35 = for Resident in LTC Facilities

MMNL = for Medically Needy Program

100% FPL = for Qualified Medicare Beneficiary (QMB) Program; and
 = for Children Ages 6 up to 19 Percent Program; and
 = for FPL Program for Aged and Disabled; and
 < for Section 1931 Applicants and for Certain Recipients

120% FPL < for Specified Low Income Beneficiaries

Notes:

"=" means: eligibility if budget unit income is equal to or less than income limit.
 "<" means: eligibility if budget unit income is less than income limit.
 Figures in above chart are rounded up to next dollar where necessary.

133% FPL = for children Ages 1 Up to Age 6

185% FPL = for Transitional Medi-Cal (TMC) Program

200% FPL = for Qualified Working Disabled Individuals; and
 = for Pregnant Women and Infants up to Age 1 (disregard is in 200% FPL)

250% FPL = for Healthy Families Program, and for Working Disabled Program